**Purchasing Pre-Approval**

College of Engineering

Payment Method: Requisition  Pcard  Direct Pay

Requestor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ plus tax

Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LBCMP: Acct.\_\_\_\_\_\_\_\_\_ Fund\_\_\_\_\_\_\_\_\_ Dept ID\_\_\_\_\_\_\_\_\_ Program\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_**

**LBFDN: Acct.\_\_\_\_\_\_\_\_\_ Fund\_\_\_\_\_\_\_\_\_ Dept ID\_\_\_\_\_\_\_\_\_ Project\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_**

**LB49R: Acct.\_\_\_\_\_\_\_\_\_ Fund\_\_\_\_\_\_\_\_\_ Dept ID\_\_\_\_\_\_\_\_\_ Program\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_\_**

*Please complete the following if applicable:*

**Environmental Health and Safety**

EHS Materials: Yes  No  Safety Officer Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Any and all potentially hazardous materials must be approved by Safety Officer prior to Purchase. This shall be strictly enforced.\*\*

**IRA**

IRA Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class(es) Supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Hamid Rahai: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Hospitality Expense**

Name of Event:

Date of Event:

List of Attendees:

***Signatures:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair / Project Director ASM